



**Research Request Form**  
(\* denotes required field)

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\_\_\_\_\_

\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Research Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Known history** (place of birth, parents names, etc.): \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

In the event that sufficient information regarding my request is located, I hereby agree to pay the Cumberland Museum and Archives \$20 per hour to conduct research on my behalf. The time dedicated to this research should not exceed \_\_\_\_\_ hours.

\_\_\_\_\_

Signature

**\*For Office Use Only\***

Date received: \_\_\_\_\_

Date Completed: \_\_\_\_\_